

<b>Case Number:</b>	CM14-0124538		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/12/2001
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, ankle, and upper arm pain reportedly associated with an industrial injury of July 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; adjuvant medications; topical agents; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated July 16, 2014, the claims administrator denied a request for a weight loss program. The claims administrator did not incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. In a June 13, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was no longer working a machine operator, it was noted. The applicant had received acupuncture, tramadol, Neurontin, ointments, patches, and epidural injections, it was noted. 8/10 pain was reported. The applicant had a BMI of 44, it was stated, based on a height of 5 feet 7 inches and weight of 280 pounds, it was noted. Lumbar MRI imaging was sought. The attending provider also suggested a monitored weight loss program prior to consideration of any kind of lumbar fusion surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Monitored Weight loss Program, Prior to possible Lumbar Surgery: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape, Obesity Treatment and Management article.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 1, page 11 acknowledges that strategies based on modification of applicant-specific risk factors such as weight loss may be "less certain, more difficult, possibly less cost effective," in this case, however, the applicant is contemplating a lumbar fusion surgery. A weight loss program may, thus, be more cost effective in this particular case. It is further noted that Medscape's Obesity Treatment and Management article does state that "evidence supports the use of commercial weight loss programs." Again, given the applicant's severe obesity with BMI of 44, coupled with the fact that the applicant is contemplating a lumbar spine surgery, a monitored weight loss program may be a more appropriate and cost effective option here, despite the tepid-to-unfavorable ACOEM position on the same. Therefore, the request is medically necessary.